IPDR6702				NORTH CAROLINA		PAGE:	1	
RUN DATE:	11/06/2006			CHECKWRITE SUMMARY REPORT				
			CIII	FINANCIAL PAYER: NCDMH				
							TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EUBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM	8599	1000	DETAIL NOT COVERED BY COMBINAT				
	H/DD/SAS			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	282	CLIENT NOT ELIGIBLE ON SERVICE				
			202	DATE	4	1624	2940	1316
		8505	114	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	8534	85	SERVICE FACILITY LOCATION IS N				
	DS LME			OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
		191	51	CLIENT ID NUMBER DOES NOT MATC				
	+	- 21	21	H PATIENT NAME	0	243	5223	4980
		+						
		143	37	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404910	PATHWAYS	11	553	CLIENT NOT ELIGIBLE ON SERVICE				
	PATHWAIS			DATE				
		8599	462	DETAIL NOT COVERED BY COMBINAT	295	2033	16997	14964
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1			
				BENEFII FACRAGE.				
		8933	219	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404912	CATAWBA COUNTYM	8935	6	ASTNC INELIGIBLE TO RECEIVE SE				
	ENTAL HEALT			RVICES IN IPRS.				
		79	2	THIS SERVICE IS NOT PAYABLE TO	6	10	2533	2523
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		5404	1	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
				0V/FCODE/103/B03/MOD				
3404913	MECKLENBURG COM	8518	10989	CLAIM DENIED, SUBMITTED BEYOND				
	ENTAL HEALT			FILING TIMELIMIT. PRIOR				
		1		FISCAL YEAR DOS (JULY 1 - JUNE				
		11	3893	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE	944	15854	15895	41
		1	1	<u> </u>	+	+		
		8933	817	ADTNC INELIGIBLE TO RECEIVE SE				
		8933	817	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404916	CDOCCDOARC REVA			RVICES IN IPRS.				
3404916	CROSSROADS BEHA	8933 8518	817 556					
3404916	CROSSROADS BEHA VIORAL HEAL			RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND				
3404916		8518	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE				
3404916				RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SERVICE FACILITY LOCATION WAS	0	638	3431	2793
3404916		8518	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.	0	638	3431	2793
3404916		8518	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE SERVICE FACILITY LOCATION WAS	0	638	3431	2793
3404916		8518	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.	0	638	3431	2793
3404916		8518 8535	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMBLIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING	0	638	3431	2793
3404916		8518 8535	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO	0	638	3431	2793
	VIORAL HEAL	8518 8535	556 63	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	638	3431	2793
3404916	VIORAL HEAL  CENTERPOINT HUM	8518 8535	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMBLIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING	0	638	3431	2793
	VIORAL HEAL	8518 8535	556 63	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	638	3431	2793
	VIORAL HEAL  CENTERPOINT HUM	8518 8535	556 63	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 637. PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
	VIORAL HEAL  CENTERPOINT HUM	8518 8535 79	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND	0			
	VIORAL HEAL  CENTERPOINT HUM	8518 8535 79	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM				
	VIORAL HEAL  CENTERPOINT HUM	8518 8535 79 21	556 63 13 420	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS NOT INCLUDED IN YOUR 837. PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN  DUPLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	VIORAL HEAL  CENTERPOINT HUM	8518 8535 79	556	RVICES IN IPRS.  CLAIM DENIED, SUBMITTED BEYOND  FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE  SERVICE FACILITY LOCATION WAS  NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT  THIS SERVICE IS NOT PAYABLE TO  YOUR SUBMITTED BILLING  PROVIDER TYPE AND SPECIALTY IN  DUFLICATE OF CLAIM-SYSTEM  DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				

				I			TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
					-			
3404919	GUILFORD CO MEN	0	0	*** NO DATA TO REPORT ***				
	TAL HEALTHC							
		0	0				600	600
		-	-		U	U	683	683
3404920	ALAMANCE CASWEL	8505	3170	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8534	1231	SERVICE FACILITY LOCATION IS N	14	5425	13034	7609
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
				PROVIDER. PLEASE VERIFY THE F				
		8599	647	DETAIL NOT COVERED BY COMBINAT				
		0333	017	ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404921	ORANGE PERSON C	21	734	DUPLICATE OF CLAIM-SYSTEM				
	HATHAM AREA							
		11	617	CLIENT NOT ELIGIBLE ON SERVICE	0	1816	8790	6974
				DATE				
		0526	101	AMMERINATIVE PROVIDED MADE AND GO				
		8536	191	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
				VADIO FOR SOBMITTED BIBLING FR				
3404922	TUD DUDUNA ODNO	21	367	DUPLICATE OF CLAIM-SYSTEM				
	THE DURHAM CENT							
	ER							
		8599	203	DETAIL NOT COVERED BY COMBINAT	0	864	7889	7025
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		8329	96	CLAIM DENIED ATTENDING PROVIDE				
				R CANNOT BE THE SAME AS				
				THE LMA				
3404923		4.4	407	CLIENT NOT ELIGIBLE ON SERVICE				
3404923	FIVE COUNTY MH	11	427	DATE				
				DATE				
		8536	235	ATTENDING PROVIDER TYPE AND SP	0	1072	6397	5325
				ECIALTY COMBINATION IS NOT	0	1072	0397	3323
		1		VALID FOR SUBMITTED BILLING PR				
		8599	150	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8599	399	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
	-	11	277	CLIENT NOT ELIGIBLE ON SERVICE				
-		11	411	DATE	30	1512	8885	7373
	<u> </u>	1	1					
	+	1	1					
		120	214	CLIENT ID NUMBER MISSING OR IN				
		1		VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
		1						
3404926	SOUTHEASTERN RE	8518	1939	CLAIM DENIED, SUBMITTED BEYOND				
	G MENTAL HL			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	471	DUPLICATE OF CLAIM-SYSTEM	27	2922	9099	6177
		8599	217	DETAIL NOT COVERED BY COMBINAT				
		1		ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				

DD OUT DDD		UTOU DENTAL	WWW.DD OF				TOTAL	TOTAL
PROVIDER NUMBER		HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
NJEDEK	PROVIDER NAME	Saua	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404927	CUMBERLAND CO M	8599	22	DETAIL NOT COVERED BY COMBINAT				
	HC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	20	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR	12	109	2818	2709
				FILING TIMELIMIT. PRIOR  FISCAL YEAR DOS (JULY 1 - JUNE				
				THE POST OF THE PO				
		11	20	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404930	JOHNSTON COUNTY	8535	1	SERVICE FACILITY LOCATION WAS				
	MNTL HLTHC			NOT INCLUDED IN YOUR 837.  PLEASE RESUBMIT YOUR CLAIM WIT				
				FLEASE RESUDMIT TOUR CLAIM WIT				
		0	0		0	1	6	5
						_		
3404931	WAKE CO HUM SVC	8518	135	CLAIM DENIED, SUBMITTED BEYOND				
	BILLING OF			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		11	129	CLIENT NOT ELIGIBLE ON SERVICE				
	+	11	14.9	DATE	0	417	4294	3877
	+	+	-	+		+		
		8599	115	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		0.4						
3404933	SOUTHEASTERN CT	21	344	DUPLICATE OF CLAIM-SYSTEM				
	R FOR MH/DD							
		11	155	CLIENT NOT ELIGIBLE ON SERVICE	0	582	4489	3907
				DATE				
		0.500						
		8599	55	DETAIL NOT COVERED BY COMBINAT  ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404934	ONSLOW CARTERET	11	342	CLIENT NOT ELIGIBLE ON SERVICE				
	BEHAV HEAL			DATE				
		143	176	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE	1	899	1771	872
				EBIGIBIBITI FIBE				
		8535	116	SERVICE FACILITY LOCATION WAS				
				NOT INCLUDED IN YOUR 837.				
				PLEASE RESUBMIT YOUR CLAIM WIT				
3404935		0	0	*** NO DATA TO REPORT ***				
3101333	WAYNE CO MENTAL HEALTH CTR			10 2111 10 1121011				
	MEADIN CIR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	79	25	THIS SERVICE IS NOT PAYABLE TO				
	ENTAL HEALT	1		YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
	+	+	-	THOUSEN TIPE AND SPECIABLE IN		+		
		21	6	DUPLICATE OF CLAIM-SYSTEM		49	1652	1603
		+		1	3	49	1032	1003
		191	4	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME	_			
3404937	EDGEGOMES AND C.	21	27	DUPLICATE OF CLAIM-SYSTEM		<del> </del>		
	EDGECOMBE NASH MNTL HLTH C	+						
		+						
		8518	15	CLAIM DENIED, SUBMITTED BEYOND	0	44	4402	4358
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	2	DETAIL NOT COVERED BY COMBINAT				
	4		-	ION OF RECIPIENT, PROVIDER AND	+			
1								
				BENEFIT PACKAGE.				

PROVIDER		HIGH DENIAL	NUMBER OF				TOTAL	TOTAL
NUMBER	<del> </del>	EOBS	DENIALS	DESCRIPTION	TNC	TOTAL	CLAIMS	CLAIMS
	PROVIDER NAME				DENIALS	DENIALS	FINALIZED	PAID
3404939	NEUSE MENTAL HE	8599	24	DETAIL NOT COVERED BY COMBINAT				
	ALTH CENTER	1		ION OF RECIPIENT, PROVIDER AND			<u> </u>	
				BENEFIT PACKAGE.				
		1588	9	CLAIM DENIED. TREATMENT HAS B			4504	
		1300	0	EEN RENDERED BY	0	34	1504	1470
				ANOTHER PROVIDER FOR THIS DATE				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404941	PITT CO MH/DD/S	8518	3370	CLAIM DENIED, SUBMITTED BEYOND				
	AS CENTER			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	798	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING	0	4774	9216	444
				PROVIDER. PLEASE VERIFY THE F				
				FROVIDER. FEEROE VERTET THE F				-
		8536	286	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT	+			+
				VALID FOR SUBMITTED BILLING PR				
			_		1			<b>†</b>
3404942	ROANOKE CHOWANH	79	22	THIS SERVICE IS NOT PAYABLE TO				
	UMAN SERVIC			YOUR SUBMITTED BILLING				1
				PROVIDER TYPE AND SPECIALTY IN				
		8536	10	ATTENDING PROVIDER TYPE AND SP	0	60	2230	217
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		21	9	DUPLICATE OF CLAIM-SYSTEM				
3404943		8536	365	ATTENDING PROVIDER TYPE AND SP				
3404943	ALBEMARLE MENTA	0336	363	ECIALTY COMBINATION IS NOT				
	L HEALTH CE			VALID FOR SUBMITTED BILLING PR				-
								-
		8931	47	AMTNC INELIGIBLE TO RECEIVE SE	63	535	1994	145
				RVICES IN IPRS.	0.3	555	1334	145
								<u> </u>
								1
		79	40	THIS SERVICE IS NOT PAYABLE TO				1
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA	8518	720	CLAIM DENIED, SUBMITTED BEYOND				
	N SERVICES			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	191	DETAIL NOT COVERED BY COMBINAT	3	1097	6115	501
				ION OF RECIPIENT, PROVIDER AND				
	1	+	+	BENEFIT PACKAGE.	1		<del>                                     </del>	1
		21	115	DUPLICATE OF CLAIM-SYSTEM	1		-	1
	1	4.1	113	DOLLIONIE OF CHAIM-SISIEM	-		-	
3404946	DOOMNTTT A	3411	656	PROVIDER TYPE AND SPECIALTY 07	1		-	<del>                                     </del>
	FOOTHILLS AREAM			4/113 CANNOT BILL ENHANCED	1		-	+
	ENTAL HEALT	+	+	BENEFIT SERVICES ON OR AFTER D	+		<del> </del>	<del>                                     </del>
		+	+		+		<u> </u>	<del>                                     </del>
		79	190	THIS SERVICE IS NOT PAYABLE TO	4	1151	3096	194
		1	1	YOUR SUBMITTED BILLING	1	1131	3096	134
				PROVIDER TYPE AND SPECIALTY IN				<b>†</b>
					İ			
		11	166	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404957	TIDELAND MENTAL	8599	103	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
		1	1	BENEFIT PACKAGE.				
		0021		NAME AND ASSESSED TO DESCRIPTION OF THE PROPERTY OF THE PROPER				
		8931	1	AMTNC INELIGIBLE TO RECEIVE SE	8	115	3044	292
		1		RVICES IN IPRS.			<u> </u>	1
		1	- 1		1	1	1	1
								+
		0025	1	ACTING INDITIONING THE PROPERTY OF				
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE				
		8935	1	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

## Sheet1

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404979	NEW RIVER AREAM	11	203	CLIENT NOT ELIGIBLE ON SERVICE				
	H/DD/SA PRO			DATE				
		8599	6	DETAIL NOT COVERED BY COMBINAT		216	1660	1444
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8518	4	CLAIM DENIED, SUBMITTED BEYOND				
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				